

FILED JAN 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. <u>1040</u>		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>4507</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>STONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LANCASHIRE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAIDEN LAKE R-1</u>		c. LENGTH OF STAY (In this place) <u>R-1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MT VERNON MO</u>		0551	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Miles South East</u>				d. STREET ADDRESS (If rural, give location) <u>438 E. SOUTH ST</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs Mary</u>		b. (Middle) <u>A</u>		c. (Last) <u>DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 17-1950</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>OCT 16 - 1868</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>SAM AUGUS</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY LINT</u>		14. NAME OF HUSBAND OR WIFE <u>R.L. DAVIS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Max Quick</u>		ADDRESS <u>MOHETT MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina pectoris</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4202</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NO</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 16, 1950</u> to <u>Dec 17, 1950</u> , that I last saw the deceased alive on <u>Dec 16, 1950</u> , and that death occurred at <u>9:42 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D.A. Holmes M.D.</u>				23b. ADDRESS <u>Mt Vernon Mo.</u>		23c. DATE SIGNED <u>12-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/19/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CRANE MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>12/19/1950</u>		REGISTRAR'S SIGNATURE <u>Mr. J. C. Brown</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. L. Marsh</u>		ADDRESS <u>Arroya MO</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1951 9 24

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Gene H. Parrent

Licensed Embalmer No. 4809

P. O. Address Aurora, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.